24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 2 FOR SE OF FORM 24/48			
NAME OF COMMITTE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	FEC IDENTIFICATION NUMBER ▼ C C00075820			
Check If 24-hour report				
Mailing Address 815 SLATERS LANE	Date 09 / 10 / Y 2012			
City State Zip Code	Amount 73826.11			
ALEXANDRIA VA 22314	ransaction ID : SE24-0.030672			
Purpose of Expenditure MEDIA Category/ Type Office	Sought: House State: MI Senate District: 01 President			
Name of Federal Candidate Supported or Opposed by Expenditure: GARY J MCDOWELL Check				
Calendar Year-To-Date Per Election for Office Sought Disburg 288351.38	sement For: Primary General Other (specify)			
NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC	Date 09 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 815 SLATERS LANE	Amount			
City State Zip Code ALEXANDRIA VA 22314	68897.94 ransaction ID : SE24-0.030574			
Purpose of Expenditure Category/ Type Office	Sought: House State: IL Senate District: 13			
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID GILL Check	One: Support Oppose			
Calendar Year-To-Date Per Election for Office Sought Disbur 2012	sement For: Primary General Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
KEITH DAVIS [Electronically Filed] Date 09	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature				

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

3 C	REDUCE E)		FOR SE OF FORM 24/48		
NAME OF COMMITTE (In Full) FEC IDENTIFICATION NUMBER ▼					
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE			C C00075820		
Ch	eck If 24-hour report X 48-hour report New report Amends report		M = M / D = D / Y = Y = Y		
Т	Full Name (Last, First, Middle Initial) of Payee				
	ONMESSAGE INC	Date	M M / D D / Y Y Y Y		
ľ	Mailing Address 2130 PRIEST BRIDGE DR # 11	Amo	09 10 2012		
-	Other Chate 7'm Code	Allio	unt		
	City State Zip Code CROFTON MD 21114	Trans	18144.36 action ID : SE24-0.030674		
	Purpose of Expenditure MEDIA Category/ Type	Office Sou			
	Name of Federal Candidate Supported or Opposed by Expenditure: A. B. CHANDLER III	Check One			
	Calendar Year-To-Date Per Election for Office Sought 358190.97	Disbursemo	ent For: Primary General Other (specify)		
l	Full Name (Last, First, Middle Initial) of Payee UPGRADE FILMS	Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
ľ	Mailing Address 3299 K ST NW	I.	09 10 2012		
1	STE 200	Amo	unt		
ŀ	City State Zip Code				
1	WASHINGTON DC 20007		26743.16		
ľ	Purpose of Expenditure Category/ Type	Office Sou	ght: House State: IL Senate District: 13		
ŀ	Name of Federal Candidate Supported or Opposed by Expenditure:		President		
	DAVID GILL	Check One	e: Support Oppose		
	Calendar Year-To-Date Per Election for Office Sought	Disburseme 2012	ent For: Primary General Other (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
	KEITH DAVIS [Electronically Filed] Date	M M M /	10 2012		
	Signature				